

SSN:
Last Name:

Student ID Number:
First Name:

DOB: 03-JUL-88
MI:

	New Need Analysis	Previous Need Analysis
Institution Code	00723603	00108101
Institution Name	THE ART INST OF CALIF-ORANGE CO	ARIZONA STATE UNIVERSITY-WEST
Student graduated or completed training program	<input type="checkbox"/>	N
Student not enrolled	<input type="checkbox"/>	N
Student has not been enrolled half-time	<input type="checkbox"/>	N
Student has an Incomplete Financial Aid Package	<input type="checkbox"/>	N
Student has not Maintained Satisfactory Progress	<input type="checkbox"/>	N
If you checked any of the preceding boxes, please sign below and submit.		
Living Arrangements:	<input type="radio"/> On Campus <input checked="" type="radio"/> Off Campus <input type="radio"/> With Relatives	Off Campus
Expected Enrollment (minimum 1/2 time):	<input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Winter <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Summer	Spring
Tuition and Fees:	\$25024	7898
Books and Supplies:	\$1314	474
Personal:	0	0
Room and Board:	12438	0
Transportation:	0	0
Other:	0	0
Total Cost of Attendance:	38776	8372
Expected Family Contribution:	0	0
Financial Need:	38776	8372
Expected Award for Academic Year 2006-2007:		
Pell Grant:	0	2025
SEOG:	0	0
Cal Grant:	0	0
Work Study:	0	0
Loans:	0	3563
Tuition/Fee Waiver:	0	0
Other:	0	0
Unmet Need before Chafee:	38776	2784
Chafee Grant Funds Received:	2784	0
Final Unmet Need:	35992	2784
Prior Payments:		2784
Returned Checks:		
Projected Award Amount (Based on Available Funding):	2216	
Educational Level:	Freshman	Freshman
Title IV eligible program?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Expected Graduation Date	(Date Format: mm/dd/yyyy)	05/01/2010

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete.
 I agree

Name of Financial Aid Official: _____ Title of Financial Aid Official: _____
 Phone Number: (____) _____-_____ E-mail Address: _____